

TEMPORARY STRUCTURE PERMIT APPLICATION

Village of South Glens Falls

P.O. Box 1210 • 46 Saratoga Avenue • South Glens Falls, N.Y. 12803 518-793-1455 • www.SGFNY.com • Fax 518-793-3063

	010 //0 1100	WWW. 621 (2006)
Permit ni	umber:	
Property A	Address:	
Owner of 1	Property:	
Name of S	upplier:	
	[aterial:	
	ucture:	
Estimated	Cost:	<u></u>
Size of pro	pperty: By	
	ck:	
	le:	
A j bu All	plot plan must be submitte ildings and all set backs fr	ed, drawn reasonably to scale, showing all existing and proposed from property lines. ed after three (3) consecutive months in one year unless a permit is
<u>Pe</u>		ied for upon payment of an additional \$25.00 fee and with all Code
	ad the application and a ens Falls.	gree to abide by these and all requirements of the Village of
Date:	Appl	icant:
Fee:		ding Inspector